Continuous Glucose Monitoring (CGM)

I. Description
A continuous glucose monitor (CGM) is a minimally invasive device that is designed to measure and record glucose levels continuously and automatically in a patient. The device measures glucose values in the interstitial fluid of subcutaneous tissue. The goal of CGM devices is to record patterns of glucose levels and use these patterns to guide patient management and improve overall glycemic control. A continuous glucose monitoring device is an adjunct to supplement, not replace, standard home glucose monitoring. These devices are used in specific clinical situations. Examples of CGM systems are: Medtronic iPro Professional® Continuous Glucose Monitoring System (CGMS), Guardian Real Time Glucose Monitor (MiniMed), and the STS Monitoring System (DexCom).

NOTE: Short term continuous CGM does not require prior authorization. When continuous glucose monitors are for short-term (up to 72 hours) diagnostic use, no more than four glucose monitoring periods are considered medically necessary within a 12-month period. Additional short term monitoring periods will need prior authorization.

II. Criteria: CWQI HCS-0021
*Medicare – refer to Noridian LCD 33822 Glucose Monitors
A. Continuous glucose monitoring is covered for one or more of the following conditions:
   a. Moda Health will cover short term continuous monitoring of glucose levels in the interstitial fluid via an implanted sensor for 3 days (72 hours) as medically necessary for members with type 1 or type 2 diabetes when One of the following criteria is met:
      i. Glycolysated hemoglobin (HbA1c) values greater than 6.0 and less than 8.5; or
      ii. Wide fluctuations of blood glucose levels despite documentation of blood glucose testing (greater than or equal to 4 times per day) and insulin administration (greater than or equal to 3 times/day); or
      iii. Unexplained frequent hypoglycemic episodes in a diabetic taking insulin; or
      iv. Repeated hypo- or hyperglycemia at the same time each day; or
      v. Episodes of ketoacidosis or hospitalizations for glucose out of control; or
      vi. Preconception or pregnancy with a history of suboptimal glycemic control; or
vii. Starting insulin for the first time or starting an insulin pump regimen

b. Moda Health may cover long-term use of a continuous glucose monitor and related accessories and supplies if all of the following criteria are met:
   i. Patient has type 1 or type 2 diabetes; and
   ii. Patient is on an insulin pump or on multiple daily insulin injections (≥ 3 daily injections); and
   iii. Patient has wide variations in blood glucose levels requiring 4 or more fingersticks per day with frequent self-adjustments of insulin dosage OR has a history of hypoglycemic unawareness; and
   iv. Patient has completed a comprehensive diabetic program with a written statement from the ordering physician indicating that the patient (or the patient’s caregiver) has sufficient training using the particular device prescribed
   v. The patient is a good candidate for long-term use of a continuous glucose monitor based on the prior compliance and understanding of their diabetic regimen as evidenced by the treating physician providing a prescription for the appropriate supplies and frequency of blood glucose testing

c. The request does NOT include All of the following
   i. The GlucoWatch is another device that measures interstitial glucose levels beyond 3 days. The use of this device is considered experimental and investigational and is not a covered item.
   ii. Moda Health does not cover additional software that may be required for downloading data from a CGM to a computer for further management of member’s diabetes. This is considered a convenience item and is not medically necessary.
   iii. Moda Health does not cover combination devices such as a blood glucose monitor combined with a cellular telephone or other device not specifically indicated for the management of diabetes. These combination devices are considered convenience items and are not medically necessary.
   iv. Subcutaneous pocket and Implanted continuous interstitial glucose monitoring device are considered experimental and investigational. There is insufficient evidence to support in peer reviewed medical literature.

III. Information Submitted with the Prior Authorization Request:
   1. Physician progress notes for the past six months
   2. Evaluations and consultations related to the diagnosis
   3. Laboratory reports including HgA1c
   4. Blood glucose logs

IV. CPT or HCPC codes covered:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>95250</td>
<td>Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout recording</td>
</tr>
<tr>
<td>95251</td>
<td>Interpretation and report</td>
</tr>
</tbody>
</table>
A9276  Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply (not covered for Medicare)

A9277  Transmitter; external, for use with interstitial continuous glucose monitoring system (not covered for Medicare)

S1030  Continuous noninvasive glucose monitoring device, purchase

S1031  Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor

K0553  Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service

K0554  Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system

V. CPT or HCPC codes NOT covered:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0446T</td>
<td>Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training</td>
</tr>
<tr>
<td>0447T</td>
<td>Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision</td>
</tr>
<tr>
<td>0448T</td>
<td>Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation</td>
</tr>
</tbody>
</table>

VI. Annual Review History

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Revisions</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/2013</td>
<td>Annual Review: Added table with review date, revisions, and effective date. Added additional criteria for the MySentry remote monitor</td>
<td>03/1/2013</td>
</tr>
<tr>
<td>01/2014</td>
<td>Annual Review: Combined Type 1 and Type 2 criteria</td>
<td>01/22/2014</td>
</tr>
<tr>
<td>01/2015</td>
<td>Annual Review: No change</td>
<td>01/28/2015</td>
</tr>
<tr>
<td>06/2015</td>
<td>Added Medicare Criteria, ICD-9 and ICD-10 Codes, updated HCPC codes</td>
<td>06/24/2015</td>
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<tr>
<td>07/2016</td>
<td>Annual Review: No changes</td>
<td>07/27/2016</td>
</tr>
<tr>
<td>07/2017</td>
<td>Annual Review: Remove reference to devices that are not related to CGM, update CPT/HCPC codes, update to new template</td>
<td>07/26/2017</td>
</tr>
</tbody>
</table>
VII. References

1. ADA Standards of Medical Care in Diabetes. Accessed on February 21, 2011 at: http://care.diabetesjournals.org/content/33/Supplement-1/S11.extract


23. Centers for Medicare & Medicaid Services Local Coverage Article: Glucose Monitors-Policy Article-Effective October 2014 (A33673); Noridian Healthcare Solutions; Revision Effective Date: 10/31/2014; Updated 05/07/2015

24. Centers of Medicare & Medicaid Services Local Coverage Determination (LCD): Glucose Monitors (L33822); Noridian Healthcare Solutions: Revision date 1/12/2017; CMS Pub. 100-03 (Medicare National Coverage Determinations Manual) 1, Section 40.2; effective date 1/1/2017

25. Physician Advisors

Appendix 1 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: [http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx](http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx). Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

<table>
<thead>
<tr>
<th>Jurisdiction(s): 5, 8</th>
<th>NCD/LCD Document(s):</th>
</tr>
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<table>
<thead>
<tr>
<th>NCD/LCD Document(s):</th>
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<tbody>
<tr>
<td>Noridian Glucose Monitor – Policy Article A52464</td>
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</table>

**Medicare Part B Administrative Contractor (MAC) Jurisdictions**

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Applicable State/US Territory</th>
<th>Contractor</th>
</tr>
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<tbody>
<tr>
<td>F (2 &amp; 3)</td>
<td>AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ</td>
<td>Noridian Healthcare Solutions, LLC</td>
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